

**Parent Permission Slip**

**Cyber Corps Boot Camp “Animation Station”**

**I give my child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ permission to attend the**

**CyberCorps Boot Camp to be held at Beehive Elementary on Saturday, Oct 23rd, 2010**

**I or a designated individual will be driving and picking them up.**

**Name of individual who will be driving: *(Please list both names and phone numbers if someone other than the* *individual who brought the student will be picking them* *up)***

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**Parent or Guardian’s signature:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***These permission slips should be returned to your CyberCorps leader at your school and will be retained by them***

***Please cut and return the top portion to the school CyberCorps leader***

**Location: Beehive Elementary**

**Address: 5655 South 5220 West**

**Registration: 8:30—8:45 AM**

**Animation Project: 8:45—10:30 AM**

**Break and Door Prizes 10:30—11:00 AM**

**Return to rooms to save project 11:00---11:30 AM**

**Boot Camp finishes: 11:30 AM**

**There will be refreshments and a prize drawing at 10:30.**